



STATE OF WASHINGTON
**APPLICATION FOR CHANGE/TRANSFER
OF WATER RIGHT**



For filing with the Department of Ecology or with County Conservancy Boards

**A NON-REFUNDABLE MINIMUM FEE OF \$50.00 PAYABLE TO THE DEPARTMENT OF
ECOLOGY MUST ACCOMPANY THIS APPLICATION**

(Check all that apply.)

- ☐ Change purpose(s) of use
☐ Add purpose(s) of use
☐ Change point(s) of diversion/withdrawal
☒ Add point(s) of diversion/withdrawal
☐ Change/transfer place of use
☐ Other (i.e. consolidation, intertie, trust water)

Explain: RING WALK DOES NOT PRODUCE
ENOUGH WATER.

KITTITAS	
FOR OFFICE USE ONLY	
CHANGE No. <u>C34-00383CTCL05(A)</u>	WRIA <u>39</u>
DATE ACCEPTED <u>02/28/08</u>	BY <u>CE</u>
FEE \$ <u>50-</u>	REC'D <u>10/3/07</u>
CHECK No. <u>1269</u>	
ECY Coding: 001-002-WR10285-000011	
SEPA: <input checked="" type="checkbox"/> Exempt <input type="checkbox"/> Not exempt	

****IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL SHEETS (PLEASE PRINT OR TYPE CLEARLY)****

1. Applicant Information:

APPLICANT/BUSINESS NAME <u>TEAUWAY VALLEY FAMILY FARM</u>	PHONE NO. <u>(425) 7462181</u>	FAX NO. <u>()</u>
ADDRESS <u>14809 SE 54th ST</u>		
CITY <u>BELLEVUE</u>	STATE <u>WA</u>	ZIP CODE <u>98006</u>

CONTACT NAME (IF DIFFERENT FROM ABOVE) <u>MARCIA J CROSETTO</u>	PHONE NO. <u>()</u>	FAX NO. <u>()</u>
ADDRESS <u>SAME</u>		
CITY	STATE	ZIP CODE

2. Water Right Information:

WATER RIGHT OR CLAIM NUMBER <u>00383(W)05635</u>	SUB <u>3</u> BASIN <u>3</u>	RECORDED NAME(S) <u>TEAUWAY VALLEY FAMILY FARM</u>
DO YOU OWN THE RIGHT TO BE CHANGED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
IF NO, PROVIDE OWNER(S) NAME and ADDRESS:		
HAS THE WATER BEEN PUT TO BENEFICIAL USE IN THE LAST FIVE (5) YEARS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		

Please attach copies of any documentation that demonstrates consistent, historical use of water since the right was established. Also, if you have a water system plan or conservation plan, please include a copy with your application.

COPIES OF WATER USAGE ARE IN FILE
AT DOE YAKIMA.

FOR OFFICE USE ONLY

APP. NO. _____ PERMIT NO. _____ CERT. NO. _____ CERT. OF CHANGE NO. _____

3. Point(s) of Diversion/Withdrawal:

A. Existing

SOURCE	NO.	1/4	1/4	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
1190 ft So. of center point of			→	10	20	16		

B. Proposed

SOURCE	NO.	1/4	1/4	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
350 ft SW of ring well above								

DO YOU OWN THE EXISTING AND PROPOSED POINT(S) OF DIVERSION/WITHDRAWAL?
EXISTING: ☒ YES ☐ NO PROPOSED: ☒ YES ☐ NO – IF NO, PROVIDE OWNER(S) NAME:

Please include copies of all water well reports involved with this proposal. Also, if you know the distances from the nearest section corner to the above point(s) of diversion/withdrawal, please include that information in Item No. 6 (remarks) or as an attachment.

4. Purpose of Use:

A. Existing

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
GROW TIMOTHY	.63	143.25	
	.47	152.75	
TOTAL		346	MAY 1 TO SEPT 15

B. Proposed

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
SAME AS ABOVE			
RING WELL INOXP PRODUCE			
ONLY 50 GPM IN JULY.			

5. Place of Use:

A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:							
THAT PORTION OF THE NE 1/4 SW 1/4 OF SECTION 10, T20, NR 16 E IN M							
LYING NE OF THE TEAMAWAY RIVER AND THOSE PORTIONS OF THE							
SW 1/4 NE 1/4 AND NW 1/4 SE 1/4 OF SECT 10 T20 N-R. 16 E IN M							
LYING NORTHERLY OF THE TEAMAWAY RIVER & SOUTHERLY OF THE ROAD							
1/4	1/4	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
EXCEPTS - SEE ATTACHMENT							
DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO – IF NO, PROVIDE OWNER(S) NAME:							

B. Proposed

LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:							
SAME AS ABOVE							
1/4	1/4	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
DO YOU OWN ALL THE LANDS IN THE PROPOSED PLACE OF USE? <input type="checkbox"/> YES <input type="checkbox"/> NO – IF NO, PROVIDE OWNER(S) NAME:							

3. Point(s) of Diversion/Withdrawal:

A. Existing

SOURCE	NO.	1/4	1/4	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
1190 ft So. of center point of				10	20	16		

B. Proposed

SOURCE	NO.	1/4	1/4	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
350 ft SW of ring well above								

DO YOU OWN THE EXISTING AND PROPOSED POINT(S) OF DIVERSION/WITHDRAWAL?

EXISTING: ☒ YES ☐ NO PROPOSED: ☒ YES ☐ NO - IF NO, PROVIDE OWNER(S) NAME:

Please include copies of all water well reports involved with this proposal. Also, if you know the distances from the nearest section corner to the above point(s) of diversion/withdrawal, please include that information in Item No. 6 (remarks) or as an attachment.

4. Purpose of Use:

A. Existing

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
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	.47	152.75	
TOTAL		346	MAY 1 TO SEPT 15

B. Proposed

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
SAME AS ABOVE			
RING WELL INOXP PRODUCE			
ONLY 50 GPM IN JULY.			

5. Place of Use:

A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:							
THAT PORTION OF THE NE 1/4 SW 1/4 OF SECTION 10, T20, NR 16 E 1/2 N M							
LYING NE OF THE TEALAWAY RIVER AND THOSE PORTIONS OF THE							
S 1/4 NE 1/4 AND NW 1/4 SE 1/4 OF SECT 10 T20 N-R. 16 E 1/2 N M							
LYING NORTHERLY OF THE TEALAWAY RIVER & SOUTHERLY OF THE ROAD							
1/4	1/4	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
EXCEPTS - SEE ATTACHMENT							
DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO - IF NO, PROVIDE OWNER(S) NAME:							

B. Proposed

LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:							
SAME AS ABOVE							
1/4	1/4	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
DO YOU OWN ALL THE LANDS IN THE PROPOSED PLACE OF USE? <input type="checkbox"/> YES <input type="checkbox"/> NO - IF NO, PROVIDE OWNER(S) NAME:							

Attach a detailed map of your proposed change/transfer. The map should show existing and proposed point(s) of diversion/withdrawal, place of use and any other features involved with this application. If platted property, please include a certified copy of the plat map.

Are there any ADDITIONAL WATER rights OR CLAIMS RELATED to the same property as the ONE PROPOSED FOR CHANGE/TRANSFER?
☐ YES ☒ NO – IF YES, PROVIDE THE WATER RIGHT/CLAIM NUMBER(S):

6. Remarks and Other Relevant Information:

MY WATER RIGHT PERMITS IRRIGATION OF 50 ACRES. I HAVE FALLOWED 16 1/2 ACRES AND LEASED THE WATER TO THE WASH. WATER TRUST. I IRRIGATE AND GROW TIMOTHY ON THE REMAINING 33 1/2 ACRES BUT THE RING WELL DOES NOT PRODUCE ADEQUATE WATER.

IF FOR SEASONAL OR TEMPORARY, START DATE MAY 1 END DATE SEP 15

Certain applications may incur a Real Estate Excise Tax liability for the seller of the water rights. The Department of Revenue has requested notification of potential taxable water right related actions and therefore may be provided with a copy of this request.

Please contact the State Department of Revenue for further information. The phone number is (360) 570-3265. The address is: Department of Revenue, Real Estate Excise Tax, PO Box 47477, Olympia, WA 98504-7477.

7. Signatures:

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I am hereby granting staff from the Department of Ecology or the County Conservancy Board access to the above site(s) for inspection and monitoring purposes. If assisted in the preparation of the above application, I understand that all responsibility for the accuracy of the information rests with me.

Marcia J. Cossetto 28, Nov, 2007
(Applicant) (Date)

Marcia J. Cossetto 28, Nov, 2007
(Water Right Holder) (Date)

Marcia J. Cossetto 1 1
(Land Owner(s) of Existing Place of Use) (Date)

IMPORTANT! APPLICATION FILING INFORMATION IS PROVIDED ON THE NEXT PAGE.

WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):

☐ APPLICATION FEE NOT ENCLOSED ☐ MAP NOT INCLUDED or INCOMPLETE

☐ ADDITIONAL SIGNATURES REQUIRED ☐ SECTION _____ IS INCOMPLETE

☐ OTHER/EXPLANATION: _____

STAFF: _____ DATE: ____/____/____

ATTACHMENT FOR APPLICATION FOR CHANGE

Point(s) of Diversion/Withdrawal - ☐ Existing ☐ Proposed:

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #

DO YOU OWN THE ABOVE POINT(S) OF DIVERSION/WITHDRAWAL? ☐ YES ☐ NO – IF NO, PROVIDE OWNER(S) NAME:

Purpose(s) of Use - ☐ Existing ☐ Proposed:

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE

Place of Use - ☐ Existing ☐ Proposed:

LEGAL DESCRIPTION OF LANDS							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES

DO YOU OWN ALL THE LANDS IN ABOVE PLACE OF USE? ☐ YES ☐ NO – IF NO, PROVIDE OWNER(S) NAME:

If you require this document in an alternate format, please contact the Water Resources Program at (360) 407-6600 or TTY (for the speech or hearing impaired) at 711 or 1-800-833-6388.